



Overtime Request & Authorization

Employee Name				Employee ID		Division, Section, Unit, etc.							
Overtime Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No		Union Represented <input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate Contract									
Date	Time From	Time To	Estimated Hours	Actual Hours	Call Back, Holiday Compensation, Standby, Shift Differential WAC 357-28 Compensation					Purpose of Overtime Request			
FUND	MSTR-IX	APP-IX	PGM-IX	ORG-IX	PROJECT	OBJECT	W-C	ALLOC.	BUDGET UNIT	CNTY	CITY	PRORATION %	
I hereby certify under penalty of perjury that this is a true and correct claim for time incurred by me and that no payments have been received by me on account thereof.										<input type="checkbox"/> Pay <input type="checkbox"/> Compensatory time			
Date	Employee's Signature					Date	Funds Available - Fiscal Authority						
Date	Authorized For Overtime – Supervisor					Date	Authorized For Overtime Payment – Supervisor						

The Public Records Act, RCW 42.17.250, et. seq. requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department of Personnel will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.

DOP Form (REV. 05/20/05)

Distribute Copies To: Payroll, Attendance/Time Keeper, Supervisor, and Employee